

## Application Information

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Lance
Middle Name::	G.
Family Name::	Laing
City of Residence::	Belmont
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	12 Leslie Road
City of mailing address::	Belmont
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02478

## Correspondence Information

Correspondence Customer Number:: 07278

## Representative Information

Representative Customer Number:: 07278

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/313,714	08/20/01
This Application	Division of	10/222,952	08/15/02

### Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::